

THE
BOSTON MEDICAL AND SURGICAL JOURNAL.

NEW SERIES.]

THURSDAY, AUGUST 6, 1868.

[VOL. II.—No. 1.

Original Communications.

**COMPLETE INVERSION OF THE UTERUS.
REDUCTION AND RECOVERY.**

Read before the Suffolk District Medical Society, by
JOHN HOMANS, M.D., of Boston.

I SAW Mrs. M., aged 22, for the first time, late in the evening of March 10th, 1868. My visit was necessarily a hurried one. I learned that she had been attended in her recent confinement, her first one, by two of the oldest homœopathic practitioners of this city. Her labor had begun during the afternoon of March 7th, and was finished on March 9th at 1½, A.M., lasting about thirty-eight hours. Since her delivery, she had suffered much pain, of rather a paroxysmal character, but yet pretty constant, and had flowed considerably. I was told that she had passed considerable urine. I injected one third of a grain of morphine beneath the skin.

The next morning, I made an early visit, and found, by passing the catheter, that the bladder was full of water; two quarts of dark-colored, offensive urine were drawn off, and greatly mitigated the pain. I found, on examination, that the uterus was completely inverted, and filled the vagina, but did not protrude beyond the labia. The tumor formed by the inverted uterus was very resistant to the touch, though somewhat elastic; it was smooth and shining, and of a purplish color. The patient was quite pale, and evidently suffering greatly; her pulse was 140. At 11½, A.M., the patient was etherized, with the assistance of Dr. Charles G. Putnam and his son Mr. Charles Putnam. As soon as the muscular relaxation was complete, I took hold of the uterus and gently squeezed it with my hand for about ten minutes; then Dr. Putnam relieved me for about fifteen minutes, and in turn I relieved him. As soon as the uterus had become soft and flabby, and was pretty well emptied of blood, I pushed it against a segment of a ring, made by the fingers and

thumb of one hand placed upon the abdominal parietes of the pubic region. All this time the uterus was slowly unfolding from its periphery towards its centre. As the hand on the abdomen was getting quite tired, I asked Mr. Putnam to relieve me by putting his hand on the pubic region. He put both his hands there, thus forming a more complete ring than I had done. The uterus was returned quite easily within a very short time after two hands had been used externally instead of one. The whole time occupied in the reduction was three quarters of an hour. The fundus of the organ was restored to its normal position last, the organ having been gradually rolled out, as a hollow India-rubber is re-inverted after an indentation is made in it. The inversion had lasted, if it took place immediately after the completion of the labor, fifty-two hours. The patient's pulse, when she was placed in bed and had partially recovered from the effects of the ether, was 150, and feeble. The essential procedures in reducing this inversion of the uterus, were complete muscular relaxation, the squeezing of the uterus till it was flabby and reduced in size, and the support against pressure, afforded by the hand, forming a more or less complete circle, and placed on the parietes of the pubic region. Patient slept well the night following this operation, and was freely stimulated and nourished for several weeks. A vaginal examination, made on the 30th of March, showed the uterus to be of normal size, and the neck to be some fissured, but not more so than is very commonly the case. Mrs. M. was obliged to cease nursing her child. Her pulse remained above 100 for three weeks after the inversion was reduced, but she steadily gained strength, though very slowly.

On the 16th of April, she had an attack of "milk leg," from which she soon recovered, and is now, with the exception of a slight daily swelling of the left lower extremity, perfectly well.

VOL. II.—No. 1

[WHOLE No. 2110.]

PROGRESSIVE LOCOMOTOR ATAXY.

(Concluded from vol. i. page 408.)

M. TOPINARD, who has collected a very large number of cases, says that among predisposing causes, "there are few so efficacious, when united together, as disappointment, emotion, and bad hygiene." He also looks upon rheumatism as playing a certain rôle in this relation. With regard to dampness, he says:—"But the most common cause is dampness and sudden cooling, since 16 times it is indicated as determining and 15 times as predisposing, that is to say 31 times in all." He concludes the chapter on Etiology:—"Progressive locomotor ataxy is a disease peculiar to adult age; more frequent in males, in those who are addicted to excesses of all kinds, who are exposed to dampness and to great fatigue. Among temperaments, the nervous alone is certainly disposed to a particular form of the disease. Among diatheses, the rheumatic is the only one whose influence is incontestable." In some cases, he thinks it seems to be hereditary.

Eisenmann recognizes essentially the same causes, only concussion of the spinal cord through falls and strains he considers as perhaps causing rather a local disease, and not properly locomotor ataxy.

The despondency in the first case, and the similar feeling of homesickness in the second, are phenomena worthy of notice.

If the disease is considered a derangement of the vaso-motor system, much that is otherwise anomalous ceases to be so. Many of the earlier symptoms are explained by the existence of congestion of the nerve centres. In the first case, there was a sudden loss of power over the left leg. Previous to that, amaurosis had occurred. Both these symptoms had diminished very much in intensity. The numbness of the right thumb had occurred and disappeared again and again. Later, there was paralysis of the right side of the face, which had nearly or quite disappeared when I saw the patient. In other cases, certain symptoms are found occurring and then disappearing, as strabismus in M. Duchenne's case No. 122; also incontinence of urine. Occasionally the amaurosis, which occurs early in the disease, so far disappears that the patient does not think to speak of it without being questioned. Congestion may well be supposed to be the cause of such temporary symptoms.

Another proof of the truth of this theory is given by M. Trousseau, in the congested state of the conjunctiva and contraction of

the pupil which he observed in many patients; but the congestion disappeared and the pupils dilated when there was an access of severe pain. M. Duchenne and Dr. Radcliffe have observed the same.

The means used to dissipate the numbness of the thumb and the paralysis of the face might well act by causing reflex changes in the vessels of the cord:—stimulating friction to the parts affected and cold water to the face.

Another fact directly bearing upon this point may be found in Trousseau's Clinique, in an account by Luys of the microscopic appearances. "In following into the grey substance of the fourth ventricle the investigation upon the trunk of the external motor nerve of the eye, up to its point of real origin, a series of large vascular trunks were seen in the tract of the primitive fibres of this nerve, which they probably must have compressed in a notable degree."

The coldness complained of by both these patients is a proof of vaso-motor disturbance. That this coldness is not merely a subjective sensation there is nothing recorded in recent writers to show; but Hasse states that there is a reduction of 1° - 2° R. in the part.

One case, at least, is on record where the patient, dying of some acute disease, little or nothing has been found to account for the ataxic symptoms.

I quote from Topinard the appearance found after death. The patient had had symptoms of locomotor ataxy since thirteen years, and for six months had been unsteady in his gait. Cutaneous sensibility was altered. He died during an attack of variola, in the last part of which he had true muscular paralysis. "At the autopsy, absolutely nothing was found to the naked eye in the encephalon, cerebellum, the roots or columns of the spinal cord. The whole cord was very much injected; the optic nerves were grey, semi-transparent, softened between the papillæ and the corpora geniculata exclusive. One of the common motor nerves was flattened, diminished in volume, but was not grey. The microscopic examination found the posterior columns and roots healthy, and the usual alteration of the optic nerves. Having myself compared a transverse section of the lumbar enlargement of this patient with a similar section from the ataxic patient of whom we had made the autopsy fifteen days before in the service of M. Trousseau, I have been able to testify to that integrity. However, in more closely examining it, it has seemed to me that the posterior border of the grey com-

missure, in place of being suddenly arrested, was diffuse and insensibly confounded with the centre of the posterior columns, as if the latter commenced to be altered in their depth."

Several cases are recorded in which the symptoms of locomotor ataxy occurred, but which recovered entirely. It can scarcely be supposed that in such the nerve fibres had been completely disorganized.

The causes above referred to are calculated to produce derangement in the circulation. The effect of damp cold in deranging the circulation is well known, and the vaso-motor nerves are peculiarly susceptible to influences of an emotional nature.

From these facts in regard to some of the fugitive symptoms of the disease, from the case in which such accurate observers as MM. Gubler, Luys and Duchenne found nothing but congestion of the posterior cords, from the fact that patients have entirely recovered after the second stage of the disease has made great progress, and from the nature of the causes which act to produce it, I am inclined to look upon it as an affection primarily of the vaso-motor nerves, producing congestion, which being only moderate in degree and being long continued causes proliferation of connective tissue, and, as it were, strangles the nerve fibres, causing their absorption.

The question arises, what is the cause of this congestion, of this vaso-motor disturbance? The sympathetic is looked upon as the regulator of the bloodvessels, and disturbance of its function or lesion of its structure interferes materially with the distribution of the blood. M. Duchenne is inclined to refer the changes of the cord to changes in that nerve. In an article in the *Gazette Hebdomadaire*, Feb. 19 and March 4, 1864, he advocates this view. He founds his belief principally on the vascular phenomena connected with the eye, which has been already referred to, and on the symptoms connected especially with the bowels, bladder and other viscera. He thinks that if the ganglia connected with the lower part of the cord were examined, changes might be found to throw light upon the sclerosis of the cord.

One case is recorded by Donnezan in the *Gazette Hebdomadaire*, May 6, 1864, in which, though the autopsy was not complete, a partial answer is given on this point. M. M— was attacked with the pains of this disease in 1858, and in 1860 was unable to walk without support. Obstinate constipation caused a distressing sensation of a girdle around the body.

Towards the last, he lost all motor power, and died in 1864. At the autopsy, the posterior columns in the cervical region were found somewhat affected; the dorsal and lumbar regions were extensively changed. Only the upper cervical sympathetic ganglion could be obtained for examination, owing to the opposition of friends. It was found to be harder, more resisting, and of a more yellowish white than in health. The cells did not differ from those of a healthy ganglion. The communicating branch, however, had become tendinous; the proper nervous tissue had disappeared.

Friedreich, on the other hand, gives a very detailed account of an autopsy, and states that the sympathetic was normal.—*Virchow's Archives*, vol. xxvi.

In an examination made by Luys, and quoted by Trousseau, the ganglia on the posterior roots in the lumbar region were all increased in size, and unusually red and vascular. Their enveloping membrane was considerably thickened. On section, the capillaries were found dilated. The ganglionic corpuscles (cells) were covered with brown pigment-granules, and some were torn and shrunken; others were voluminous and pale. No part of the sympathetic was examined.

So far as I have been able to learn, this is the extent of the investigation in this direction. Much can be said in opposition to the theory of the sympathetic origin of the disease. Nothing can be settled till a larger number of cases have been examined with particular reference to this point.

Treatment.—The benefit to be anticipated depends much upon the view taken of the pathology. If the disease is, in its earlier stages, essentially a vaso-motor disturbance, a simple congestion, the expectation of benefit would be greater the earlier treatment was commenced.

Cases have been recorded where the loss of coördinating power was so great that the patient could not stand; yet in three or four months restoration was complete. It is not necessary, then, to despair of benefiting a patient, even when he seems to be in the advanced stages of the disease.

Electricity seems to do good occasionally, but at best the benefit from it is very uncertain.

The best treatment seems to be, with proper diet and hygiene, that proposed by Wunderlich—nitrate of silver in quarter-grain doses three times a day for four or five weeks; after that time it would be well to omit the drug for a week or so, to avoid coloring the skin. The same course

ment may then be repeated. It may be necessary to give the nitrate in smaller doses at first, on account of gastric irritation, and occasionally it must be entirely omitted. If no benefit follows, the dose should be increased. Althaus gives, with the nitrate, the hypophosphite of soda, and thinks it better than the nitrate alone.

Many have been relieved by this treatment. In only a few cases has complete cure been obtained. One such is to be found recorded in the *Gaz. des Hop.*, Jan. 4, 1863.

Carré mentions 16 cases where a cure was obtained, or the benefit was considerable. In one of these, the nitrate was administered hypodermically, near the spinal column. In 6 cases, the benefit was only partial; either a relapse occurred, or after a while the drug lost its power, or could not be tolerated. In 4 cases, no benefit at all was obtained.

The good effect of the drug is usually observed at the end of a week or fortnight. The first favorable effect is relief of the pain, subsequently return of sensibility, and finally return of coördinating power. Sometimes sight is restored. Simultaneously the general health is benefited, digestion is improved and constipation ceases.

If the congestive theory is correct, bromide of potassium, belladonna and ergot might be of benefit.

NOTE.—It will be noticed that I have used the term "congestion" to express the primary morbid condition. It is considered by many to be a chronic myelitis. Without intending to deny this, I have used "congestion" to express the view that hyperæmia of the part was the cause of the subsequent changes, and to bring out more clearly the rôle played by the vaso-motor nerves. The reason the posterior columns are generally attacked may be that there is a greater abundance of vessels and interstitial tissue naturally in them. See *Archives de Physiologie Normale et Pathologique*, No. 2, p. 329.

ABUSE OF "CHARITY MEDICINE."

MR. EDITOR,—In a recent number of the JOURNAL, in a short article on "The Duties of Hospital Physicians and Surgeons," occur the following very sensible remarks:—

"The needless increase of free dispensary and hospital treatment is an abuse. It is a vital injury to the young physician, who must live on the small fees obtainable from just those middling classes of the community whom the dispensary system invites to a gratuitous treatment."

"We hold it, therefore, to be strictly the duty of the dispensary physician, or the physician to out-patients at a hospital, to distinguish carefully between those applicants who should pay something and those who cannot."

Through the out-patient department of the Mass. Gen. Hospital, the City Hospital, the Carney Hospital, the Eye and Ear Infirmary, and the Boston Dispensary, together with several other similar institutions, the poor of Boston are enabled to have as good treatment as people of the wealthier classes, and the City Government and private individuals who have gone forward in this truly good work deserve the highest praise.

But every good thing may be perverted, and this has been; for instead of ministering to the wants of the poor alone, there are hundreds who partake of the charities of the above-named institutions who could, without distressing themselves, pay an attendant a proper fee; and it is not uncommon for a physician to be told by a person well able to pay, that they are going, or have been, to the hospital, because they can there get medical treatment and medicine gratis.

Within the last month, two cases have come under the writer's notice where men, said to own real estate valued at over fifty thousand dollars, each, have become out-patients—and one of them was for a time an inmate—of the Boston City Hospital.

The remedy for this abuse is in the hands of those who manage these institutions; and would they not do well to make it a rule to admit no one to the advantages of such charities without a written recommendation from some physician, or other reliable person, in his neighborhood, who would be likely to know of the pecuniary ability of the applicant?

This would apply to the hospitals; as for the Dispensary and the Eye and Ear Infirmary, it is a general belief that hundreds are treated in those institutions annually, who are in no pecuniary sense objects of charity.

To prevent this abuse of the dispensary privilege, the "Roxbury Dispensary" allows no one to have medical aid from that institution who has not first received a permit from the proper officer—who in this instance is not a medical man. The plan has worked well, and it is obvious that some such usage is necessary to prevent imposition. Cannot some general means be adopted to increase the advantages and to obviate the evils of the present system?

W. H. CAMPBELL, M.D.

Boston Highlands, July 27, 1868.

Reports of Medical Societies.

BOSTON SOCIETY FOR MEDICAL IMPROVEMENT.
CHARLES D. HOMANS, M.D., SECRETARY.

APRIL 13th.—*Aneurism of the Abdominal Aorta; Death after Rupture into Left Pleural Cavity; a second small Aneurism nearly cured.*—Dr. SHATTUCK reported the case.

A negro laborer entered the Mass. Gen. Hospital Jan. 27th, having been ailing for three weeks; his first symptoms were pain in the lower and left part of the abdomen, and his health and strength had been gradually failing.

Jan. 30th, he complained of pain just to the left of the scrobiculus cordis, where a pulsation was perceptible; there was dullness and absence of respiration in the left side of his chest from the spine of the scapula downwards, and the first sound of the heart was prolonged.

Feb. 17th, he said his principal distress was in the left side, just below the ribs.

Feb. 18th, he died suddenly.

Dr. J. HOMANS showed the specimen, and gave the following account of the autopsy.

Left pleural surface covered with a thin layer of lymph. In the posterior wall of the aorta is the opening into the aneurismal sac; this opening is $3\frac{1}{2}$ inches long by $1\frac{1}{2}$ inch wide; its lower margin is opposite the origin of the celiac axis, and $3\frac{1}{2}$ inches above the bifurcation of the aorta. The aneurismal sac and the parts inseparable from it, namely, a portion of the diaphragm and the compressed left lung, weigh five pounds. The sac is composed of laminated layers of fibrin and coagulated blood, and has ruptured posteriorly and superiorly into the left thoracic cavity. The wall of the sac varies in thickness from that of a line to a thickness of two inches. It is impossible to say where the coats of the artery end and where the sac begins to be wholly composed of fibrin, but this point, or line, seems to be very near the origin of the aneurism. The bodies of the 9th, 10th and 11th dorsal vertebrae are considerably eroded. There is another egg-shaped aneurismal dilatation in the anterior wall of the aorta, just above and very near the origin of the celiac axis. This aneurism is 2 inches long by $1\frac{1}{2}$ inch wide.

Dr. J. B. S. JACKSON, at the next meeting of the Society, stated that the smaller aneurism was essentially cured, being to a considerable extent filled with compact old

fibrin. The celiac axis arising from just within the sac of this smaller aneurism was entirely obliterated, and the superior mesenteric artery was very much reduced in calibre at its origin. Dr. JACKSON said he had never seen this obliteration referred to, and alluded to three cases he had published about six years ago.

APRIL 27th.—*Impalement by the Round of a Chair.*—Case reported by Dr. HODGES.

April 15th, 1868.—A man, aged 27, was sent to the Mass. General Hospital by Dr. Abbot. A half hour previous, he had been impaled by one of the upright rounds of a broken chair-back, on which he had fallen. This stick, which had been partially split, was thirteen inches long and seven eighths of an inch in diameter. It entered between the nates, behind the anus, about one inch from its centre, and, traversing the pelvic outlet, projected at the right groin, not perforating the skin, but lifting it up. It passed through the thyroid foramen, from within outward, and appeared just below the horizontal ramus of the pubes. The rectum and bladder were apparently not perforated, and there was no hæmorrhage when the stick was removed. The extent to which it penetrated was about nine inches.

17th.—An abscess formed beneath the integument of the groin, and on opening it a portion of the patient's shirt and of his pantaloons, carried through his body by the stick, were removed.

19th.—The incision in the groin, made by opening the abscess, was extended in three directions, on account of a spreading cellulitis, and the opening in the cleft of the nates was enlarged.

22d.—The patient died of erysipelatous cellulitis and pyæmia. At the autopsy, no inflammation of the peritoneum or injury to the bladder or rectum were found, and no ecchymosis was apparent in the pelvis, as seen from within.

Intussusception.—Case reported by Dr. HODGES.

April 23d.—A child, three years old, was brought to the Mass. General Hospital in an almost moribund condition, with symptoms of internal strangulation, and with the statement of its physician—Dr. Parker, of Melrose—that an intussusception could be felt by the finger in the rectum. This was found to be unmistakably the case, and that the intussuscepted bowel could also be made visible, livid and strangulated in aspect, by the speculum ani. At the suggestion of Dr. Coolidge, the point of a slightly curved steel sound, with a shoulder made

by winding adhesive plaster around the shaft an inch or two from its extremity, was introduced into the orifice of the protruding intussusception, and by means of this it was pushed up out of sight and reach. Four hours afterward, the child's condition was much improved, and it was more comfortable than it had been for several days. No further operation was deemed advisable at that time, but the patient gradually sank, and died about eight hours after its admission.

From Dr. Parker it is ascertained that on the 2d of April this child had an attack of colic, lasting but a short time. On the 3d, it had another similar attack, attended by vomiting. It did not eat much, taking only liquid diet, and was unusually thirsty up to the 14th, when it began to complain of a fixed pain at the navel. From the 14th to the 18th it seemed well, and ate and played as usual. On the 18th, after sleeping quietly for three hours, it was seized with persistent pains and an augmentation of all the symptoms. On the 19th, there was constant vomiting and other evidence of intestinal strangulation. The abdomen was not distended, but there was a tumor in the right iliac fossa; the finger in the rectum discovered nothing. On the 21st, at 3, A.M., the child had a natural operation, and in the afternoon of the same day some bloody serum was passed during efforts at stool. On the 22d, an injection administered was rejected with a good deal of force, and a large mass was detected in the rectum, coming in sight at the anus, having the appearance of strangulated intestine. On the 23d, the child was sent to the hospital, as already stated.

At the autopsy, a strangulated intussusception of the entire colon was found, the cecum, as is usual in such cases, being the protruding portion felt by the finger in the rectum.

Ligature of the Right Carotid and Subclavian Arteries.—The case reported by Dr. Hodges.

The subject of the operation was a shoemaker, 55 years old, who entered the Mass. General Hospital, March 31st, for a tumor which repeated and careful examination by experienced persons had diagnosed as an aneurism of the innominate. Sixteen years ago, this patient contracted a severe cold, which was followed by pleurisy. He regained his health until four years ago, when, while sawing a heavy piece of timber, he was seized by a choking sensation, and had a hemorrhage of bright florid blood, a quart in amount. During the last

six months he has had several attacks of dizziness and sickness at the stomach, occurring sometimes in the street, and making him reel as if intoxicated. These have recently been more frequent and severe. Within the same period he has noticed a pulsating tumor above the clavicle, to the right of the trachea, which at one time was, he says, as large as a hen's egg, and by pressure on the trachea causes considerable dyspnoea. His voice has lost much of its strength, and is now feeble and husky. He has lost twenty pounds in weight. He has a constant and harassing cough, and his swallowing is so much interfered with that he prefers to live upon liquid food. For these facts I am indebted to Dr. Greenough.

Above the supra-sternal fossa there is a pulsating tumor, the outline of a part of which, as well as the pulsation, are easily visible. It rises an inch above the clavicle, and reaches from the inner border of the left sterno-mastoid muscle outward nearly to the outer border of the right sterno-mastoid muscle. Its point of greatest impulse is one inch above the sterno-clavicular articulation. This impulse is very strong when felt, is directly beneath the fingers, and is synchronous with the systole of the heart. The right subclavian and carotid arteries seem to come off directly from the tumor, and there is a decided thrill in the former vessel, though none in the tumor itself. There is no difference in the strength of the radial pulsations appreciable to the finger, though the sphygmograph, according to Dr. Knight, who was kind enough to apply it, indicated that "the second impulse of the radials (supposed to be due to the elasticity of the coats of the aorta and larger vessels) was somewhat stronger in the left." There is no obvious disturbance of the venous circulation.

On auscultation, "The tumor gives a marked diastolic and slight systolic souffle. There is no increased dulness over the cardiac region. The heart's impulse is rather feeble. The first and second sounds are indistinct. The second sound is distinctly heard throughout both backs. Pulse 84, full, strong, regular." This record of auscultation was made by Dr. Abbot, and was confirmed by other, repeated examinations.

During the week following the patient's admission to the hospital, his symptoms—dyspnoea, dysphagia, cough—grew rapidly worse. The latter was incessant, night and day, and but little controlled by opiates. His suffering was such that he was desirous to have any operation performed,

however great the risk, if it offered any chance of relief. A consultation of the surgeons of the hospital was held, and though the impossibility of distinguishing between an aneurism of the aorta and of the innominate was discussed thereat, in view of the strong probability that the present very obvious tumor was an aneurism of the latter vessel, likely to prove fatal before long, it was their unanimous opinion that the application of a distal ligature to the carotid and subclavian arteries was indicated, and that the case was a favorable one for this operation. These arteries were accordingly tied on the 11th of April. Their ligature was followed by no symptoms of note, either as to the circulation, the brain or the respiration. The relief to the cough was almost immediate for the first three days; afterwards it returned. The souffle which had characterized the tumor disappeared, but it continued to pulsate and increasingly for four or five days, when the tumor seemed to diminish and to give the sensation of greater thickness and density in its walls. The rapidity of the pulse, which after the first few days went up to 160, was reduced by veratrum viride and digitalis, and the patient's bowels were freely opened by Epsom salts, as being, to a certain extent, a depletory measure. His appetite was fair, and he took considerable quantities of milk and broth. On the 19th of April, there was a free hæmorrhage from the internal jugular vein, which required a ligature for its control. This, however, seemed to provoke no new symptoms, though upon the 21st the patient's cough was attended by the expectoration of rusty sputa. On the 22d, eleven days after the operation, the patient died, apparently from exhaustion, induced by his cough, want of sleep, and the rapidity of the heart's action.

An autopsy was not allowed to be made, but the heart, lungs and great vessels were obtained, without any opportunity, however, to observe the relations of the latter. Their examination showed that the aorta was much enlarged and very atheromatous. The innominate was about three times its natural size, but there was no true aneurism of either of these vessels. The heart was somewhat hypertrophied, and the mitral and tricuspid valves were thickened. There was a recent pleurisy of the right lung.

The mistake of an aneurism of the carotid artery for one of the innominate, and even of the carotid artery (*Lancet*, June 13, 1868), has occurred so often, at least as regards the first-named vessel, that the possibility of the

error is not likely to escape the surgeon. The ligature of the subclavian and right carotid was recently practised by Mr. Maunder, of London, in a case of small aortic aneurism, which was supposed to have been of the innominate. (*Lancet*, Oct. 12th, 1867.) In the consultation on the present case, this point in the diagnosis was emphatically discussed; but with so obvious a tumor in a position so precisely that to be expected, pulsating directly under the finger, with a lift of great force, the probabilities were altogether in favor of an aneurism of the innominate. Though there proved to be no aneurism, the tumor was undoubtedly the distended arteria innominate itself, pushed up into the neck by the dilated and stiffened aorta; and in looking back upon the case, in the light of present knowledge, it is difficult to see how any other diagnosis could have been made than that which was. That there was not an aneurism was never suggested by any one during the careful and reiterated examinations to which the patient was subjected.

MAY 11th.—*Erysipelas co-existing with Acute Rheumatism, with Peritonitis supervening.*—Case reported by Dr. EZRA PALMER.

W. H. S. was by profession a teacher, having large duties and much responsibility. He was light complexioned, a large, well-formed man, 45 years of age, six feet in height, and weighed 190 pounds. Has been subject to two or more attacks of rheumatism annually for many years. He had more or less pain daily. He lately remarked that he had not passed a day for the last seven years without some suffering. In all other respects he was healthy. He believed in colchicum as the sole remedy for his affliction, having been advised to use it, and having become confident in its efficiency long since, and before my acquaintance with him. His custom was, if rheumatic pain were increasing, or if acute rheumatism were imminent, to resort, on his own responsibility, to this remedy, taking it in large doses, frequently repeated, until the drug produced its peculiar results, such as thin, frequent and copious alvine discharges, physical prostration, depression of pulse, diminution of fever and of pain. If the disease revived, or continued obstinate, he sought advice.

On March 31, 1868, he was first visited, in consequence of the rheumatic seizure which was to be his final one. He had then been sick for two days only. He had early resorted to his favorite medicine. I found him under its full action. The rheumatic pain, however, was more persistent and pro-

nounced than ever before, affecting the joints generally with more than ordinary severity.

On April 9th, the twelfth day of his rheumatism, which was then in full activity, he was attacked with erysipelas of the face, which rapidly involved both ears and the entire scalp. Both these diseases progressed actively together until April 13th, when both somewhat abated.

On the morning of the following day, April 14th, Mr. S. was seized with what was supposed to be peritonitis, accompanied with great tenderness of the entire abdomen, pain, and such excessive distention that respiration was very rapid and difficult. The pressure upward of the diaphragm was so great that raising of the head and shoulders and opening of the windows were indispensable. There was no chill and no vomiting. The pulse ranged from 90 to 100. The excessive distention abated considerably by evening, but recurred daily in a less by less degree until the 23d, when the other diseases having also been gradually subsiding, the patient appeared to be much easier, in fact decidedly improved.

On the 24th, still more improvement, with some appetite.

On the morning of the 25th, a copious hæmorrhage took place from the bowels, in quantity rather over a pint, and dark in color. During the day and evening, two slighter passages of blood occurred.

On the 26th, at 4½, A.M., he was taken with lancinating pain in the abdomen, beginning about half way between the umbilicus and right groin, and shooting from side to side. The belly was tender. Pulse 130, weak, thready. Extremities cold and moist. Face shrunken.

Death occurred April 27, at 4½, A.M.

Autopsy, April 29th, 11, A.M., by Dr. John Homans.

Head—Not examined.

Thorax—Viscera healthy.

Abdomen.—There was an audible escape of air when the peritoneum was opened. On inflating the intestines, before disturbing them, air was found escaping in the neighborhood of the cæcum. The usual marks of peritonitis were present, such as effusion of pus and gluing together of folds of the intestines. The large intestines contained much dark grumous blood. On opening the colon, the first of a series of deep ulcerations was seen at a point about three inches above the cæcum. From this point downward, involving the cæcum, ulcerations were scattered over about eight

inches of the inner intestinal surface. Some were large and deep. In size, they varied from that of a pin's head to that of the diameter of two inches. In almost every ulcer the mucous coat of the bowel was destroyed. In many instances, the muscular and peritoneal coats were much thinned, and in several places all these coats were perforated. In one locality, the coats of the colon were destroyed for a space of two inches in diameter, and from a careful examination, it appeared that in this site the adjoining mesentery had served as a substitute for the portion of the bowel destroyed by ulceration. In this place, probably, the hæmorrhage occurred. The interior of the bowels elsewhere displayed no disease.

Dr. Palmer, in answer to a question, said there had been free purgation from colchicum for two days before he saw the patient.

Dr. JACKSON mentioned a case in which diarrhœa continued obstinately after the use of colchicum. Extensive disease could be felt in the rectum; and, the patient having died accidentally not long afterwards, a large, circumscribed ulceration was found of the whole circumference of the intestine, a finger's length from the anus.

Dr. WARE recalled a case under his brother's care of violent inflammation of the colon, resulting in death, after the use of colchicum, and said he had had in his own practice occasionally considerable disturbance of the bowels from this drug.

Dr. FIFIELD stated that he had never heard of much difficulty of this kind from "Reynolds's Enfield Specific," which contains colchicum, and was much in vogue in this vicinity in former times.

Dr. STORER asked if any gentleman had seen cases of rheumatism relieved by colchicum before a good thorough purgative action.

Dr. WARE thought that he had seen such relief when there was no purging.

Dr. JACKSON agreed with Dr. Ware, and referred to a case in which perfect relief from acute rheumatism followed the use of colchicum, the pulse becoming exceedingly slow and irregular, certainly without any active purgation. He thought that Mr. Haden, in his work on this drug, expresses the opinion that this last effect is not essential to the relief of rheumatism.

Dr. WHEELER said he frequently got speedy relief while using colchicum, by giving some saline cathartic, like Epsom salts. He expressed fear of the cumulative effects of colchicum.

Dr. FIFIELD thought that some cases seemed to show that the rheumatic condition it

self was a cause of the slowness of the pulse. Last year, a lady with acute rheumatism, who had taken no colchicum, had a pulse of 35-40. The succeeding days, under colchicum, the pulse rose to the normal standard. A few days since, he heard of a similar case, in the practice of Dr. Cushing. The pulse was down to 24-25, and rose to the normal number when colchicum was taken. There was no other indication of disease of the heart.

Dr. JACKSON said that, notwithstanding the above cases, he had no doubt that a reduction of the pulse was one of the regular effects of colchicum.

Dr. WARE said colchicum, if continued long enough, would affect the pulse, whether diarrhoea occurred or not.

Dr. PALMER stated that, many years ago, an old practitioner treated his cases of dyspepsia with colchicum until free purgation and action on the heart.

ESSEX NORTH DISTRICT MEDICAL SOCIETY.
G. W. GARLAND, M.D., SECRETARY.

The fourth quarterly meeting of the Essex North Medical Society was held at the Police Court room, in Lawrence, July 23, 1868, the President, Dr. Lamb, in the chair.

The records of the preceding meeting were read by the Secretary, Dr. Root, and accepted.

Dr. Crowell, of Haverhill, reported a case of ovarian, or sac dropsy. Patient, a married lady, 25 years of age. First indications of disease were periodical pains occurring at irregular intervals, over the right iliac region, attended with some swelling and considerable constitutional disturbance. The nature of the disease was ascertained last October, the severity of the pain inducing a rigid examination, and consultation was had with Dr. G. Kimball, of Lowell, in March, who advised an operation as soon as was practicable. Owing to constitutional disturbance, resulting from severe peritoneal inflammation, the operation was deferred, and tapping resorted to, relieving the patient of thirty pounds of the peculiar fluid found in this disease. The tapping was repeated after an interval of two months, when 27 pounds of fluid, of the color and consistency of pea-soup, was drawn.

The patient improved so decidedly after this second tapping, that the operation for the removal of the sac was performed by Dr. Kimball, on July 9th. The patient being fully etherized, the usual incision was made along the median line, from the

umbilicus to the pubes. The sac, being exposed, was punctured, and twenty pounds of fluid drawn. Adhesions between the sac and the abdominal walls were firm and extensive, and separated with difficulty by the fingers. The sac had also adhered to the diaphragm, and the incision was extended above the umbilicus to separate these adhesions, which were strong and apparently of long standing. Dr. Kimball remarked that this was the first instance in his experience where he had found this muscle involved in the adhesions. The pedicle being strongly secured with ligatures, the sac was removed, which weighed three pounds. The pedicle being short and thick, was not secured by the clamp, but was held in place by a ligature.

To overcome the bleeding from the torn surfaces of the abdominal walls, Dr. K. has contrived a dressing which he terms the clamp suture, used successfully in four recent cases. It consists of a series of stitches taken through the walls of the abdomen about three inches or more below or parallel to the incision, bringing the torn surfaces firmly together. Gutta-percha pen-holders, or rolls of linen, are sometimes used to insure a more equable pressure. In this case, nothing was used but the simple stitch. The lips of the wound were dressed as usual, and the patient was placed in bed and kept quiet by opiates.

The patient is doing well in all respects, not one unpleasant symptom occurring, and the operation may be considered a complete success.

Dr. Tracy, of Andover, reported a case of chronic diarrhoea (sometimes dysenteric), treated by ipecac.

Mrs. L., aged 36, six months pregnant, much reduced in flesh and strength by chronic diarrhoea, contracted in India two and a half years previously. She had received no appreciable benefit from the voyage home or from eight months residence and treatment in this country. Four to eight or ten dejections daily. Appetite good. Digestion very defective. Her diet was restricted to milk porridge and bread morning and evening. At dinner beef or mutton, with bread, &c. No vegetables. She was ordered *R. Pulv. ipecac., ʒi.; ext. gentian, q. s. M. F. Pil. No. xxx.* One to be taken one to two hours before each meal. Each pill produced nausea, with mild vomiting, followed very shortly by strong desire for food.

In three days, a very decided improvement was manifest; the dejections becoming less frequent, but more copious and bilious.

In three weeks, the diarrhoea had nearly ceased, and in four weeks the pills, which had been gradually diminished in number, were entirely omitted. She was prematurely confined at about eight months without any unfavorable results. She can now eat all kinds of plainly cooked food without injury, and is in full flesh, strong and vigorous.

Dr. Huse, of Georgetown, had used ipecac in chronic diarrhoea with success, but in larger doses.

Dr. Morris Spofford, of Groveland, reported a case showing how effectually nourishment may be absorbed from enemata.

Was called, October 5th, to a lady who had miscarried the day before, after a pregnancy of two months. The fetus and placenta had been expelled, and as there were after pains I gave her an opiate, with directions to maintain the reclining posture, and left.

In the morning of the 6th, I was sent for in haste; found the patient with a deathlike countenance, almost imperceptible pulse; she had flowed excessively during the night. Stimulants were immediately given, with ergot, till the pulse and slight uterine pain manifested their action. Throughout the day, she vibrated between life and death. Whiskey and ice-water were all the stomach would tolerate, and about once an hour she would vomit apparently all that she had taken.

In the evening Dr. Towle, of Haverhill, met me in consultation. The hæmorrhage had ceased; the stomach rejected *everything* she took. An enema of extract of beef and brandy was ordered, to be repeated every three hours.

Each enema consisted of half a cupful of ext. of beef with more or less brandy. And they were retained continuously from the evening of the 5th to the 11th, and constituted *all* the nourishment received by the patient, save a cup of cocoa on the 10th. Her convalescence was rapid, and she is now in good health.

Drs. Towle, of Haverhill, and Chamberlain, of Lawrence, spoke of cases treated with nourishing enemata, in the late army and elsewhere.

Dr. Lovejoy, of Haverhill, was called July 17th, to see a child aged $3\frac{1}{2}$ years. Found him in spasms and vomiting once in ten or fifteen minutes. Skin cold and covered with cold sweat. Nearly pulseless, and quite unconscious.

The mother stated that the child had eaten the "friction" part of a number of matches

five hours before, and that he had been in spasms and vomiting ever since. Magnesia in sugar and ice-water was immediately prescribed, to be drank freely. He took in two hours six drachms of the magnesia, and vomited but once after commencing the treatment, and the spasms soon left him.

The next morning he was playing as usual. The mother said that the odor of matches was quite perceptible at the first few vomitings.

Dr. Chamberlain, of Lawrence, reported the case of a young man who received a contusion of the larynx and trachea, and a fracture of the right clavicle, from the kick of a vicious horse. Pain, hoarseness and difficulty of respiration were the immediate results. He rode home, six or seven miles. Dr. Garland, of Lawrence, was called, and found comminuted fracture of the right clavicle, near its middle; slight abrasion of the skin in front and on right aspect of larynx and trachea; considerable swelling, with tenderness on pressure; stridulous respiration, dysphonia and dysphagia; emphysema around the seat of fracture; no fracture of a rib was discovered, nor was the hyoid bone injured. In a few hours, the swelling increased to such an extent that liquids could be swallowed only with difficulty; aphonia urgent; dyspnoea; frothy, bloody sputa.

These symptoms increased in severity, the sputa having become purulent, until the morning of the fourth day, when Dr. G. and myself were summoned, the symptoms having become greatly aggravated, and found him in a state of complete insensibility. With the approval and assistance of Dr. G., I immediately opened the trachea. The operation proved successful, though it was twenty minutes before the patient became conscious. As soon as practicable, a double canula was inserted, and he breathed without difficulty. The dysphagia rendered it necessary to support the patient for several days by injections of beef-juice, brandy and milk. The canula was removed on the seventeenth day after the operation, and the wound healed kindly. The patient at the present time, more than twelve months after the accident, can speak only in a hoarse whisper. His breathing, even while at rest, is still a little labored, the embarrassment increasing during active exertion. The fracture of the clavicle united without any special treatment.

The Society took a recess to partake of dinner, furnished by Drs. Garland and

Chamberlain. This over, the discussion of papers and further reports of cases were resumed.

Dr. R. C. Huse, of Georgetown, reported a case of *sunstroke*, treated successfully by stimulants, and ice to the head and neck.

Dr. Garland read a paper on the *Treatment of Hæmorrhoids*. The dilatation of the capillary vessels of the rectum is the primary cause of hæmorrhoids: Whatever there is capable of retarding the course of the blood may occasion this disease, and although there are many other causes, constipation is by far the most common.

The object of treatment should be to relieve the rectal vessels, and the medicines used should increase the peristaltic motion of the alimentary canal, and augment the effusion of fluids by the exhalants of the mucous surface, thereby giving rise to *watery stools*. They should also have a refrigerant influence over the rectal irritation and inflammation. The following recipe answers the above indications, and has been used with success for twenty years. *R.* Bitart. potass., $\mathfrak{z}\text{ij}$.; pulv. jalap., $\mathfrak{z}\text{i}$.; pulv. rhubarb, $\mathfrak{z}\text{ij}$.; sulphur, $\mathfrak{z}\text{i}$. M. Div. in chart. No. vi. One powder each morning two hours before breakfast. The remedy should be used daily for at least twelve days.

Dr. G. had found that if a soluble condition of the bowels could be secured for two or three weeks, the hæmorrhoidal vessels would recover their integrity. Injections of cold water and external bathings add much to the success of the treatment.

Medical and Surgical Journal.

BOSTON: THURSDAY, AUGUST 6, 1868.

DENTAL SCHOOL OF HARVARD UNIVERSITY.

WE have before us the announcement of the Dental School of Harvard University. The school is a new one, and its professors have been quite recently appointed. The names of some among them are already familiar as those of teachers in the Medical School of the University, while the gentlemen to whom has been confided the instruction in the branches more strictly pertaining to dentistry, stand high in the ranks of their department in this city.

As the announcement states, the want of such a school has long been felt by the members of the dental profession in New England, and we are glad to see that it is at length supplied. We are glad, too, to welcome any movement which gives promise of extending the importance and usefulness of the University; and believing, as we do, that the more numerous the branches taught, provided they are well taught, the greater will be the opportunities for improvement of all classes of students, we look upon the establishment of this school as a step in the right direction.

Dentistry is everywhere acknowledged to owe its present advanced position chiefly to the intelligent labor and mechanical skill which have been brought to bear upon its development in America. On the continent of Europe, the title of American Dentist is almost universally considered a sufficient guarantee of competent and skilful services. We take, therefore, something of national as well as local and University pride in the foundation of the new school, and trust to see dentistry still more advanced by its means.

Perhaps there is no better way in which we can present the purpose of the school and the facilities it will offer for instruction, than to quote from the announcement and give the list of its teachers. W.

Its aim will be to raise the standard of dental education, by giving thorough instruction in all branches of science and art required by the dental practitioner.

From the connection of this school with the University, the profession have a guarantee that its standard will be high, as it must necessarily be to keep pace with the other departments.

This School offers superior advantages, in that, while the instruction will be no less thorough in those departments peculiar to dentistry, it gives the student unusual facilities for instruction in Anatomy and Physiology, Surgery and Chemistry, as the Dental student pursues the same course in these branches as is required of the Medical student, and in common with him has free access to the Hospitals of the city, to the Dissecting Rooms, and to the Library and Museum of the Medical College, and also to all the courses of University Lectures. These are special courses delivered by men eminent in their departments, and

embrace a wide range of medical and collateral branches.

It will be the object of the Professors to present a thorough course of instruction in the theory and practice of dentistry. For this purpose a well appointed laboratory and infirmary will be provided, and such arrangements made as will insure an ample supply of patients.

The Professors will not only teach at clinics, but under the direction of demonstrators patients will be assigned to the students, who will thus have an opportunity of operating at the chair, that they may by actual practice become familiar with all operations demanded of the dental practitioner.

For the encouragement and accommodation of such persons as may already be in practice, but who desire to avail themselves of the advantages offered by this institution, the hours of attendance at the lectures and infirmary will be so arranged as to interfere as little as possible with their office duties. The regular lecture season will commence on the First Wednesday in November, and will continue four months.

Nathan C. Keep, M.D., D.D.S., Prof. of Mechanical Dentistry. Oliver W. Holmes, M.D., Prof. of Anatomy and Physiology. Henry J. Bigelow, M.D., Prof. of Surgery and Clinical Surgery. John Bacon, M.D., Prof. of Chemistry. Thomas B. Hitchcock, M.D., Prof. of Dental Pathology and Therapeutics. George T. Moffatt, M.D., Prof. of Operative Dentistry. Luther D. Shepard, D.D.S., Adjunct Prof. of Operative Dentistry. Elbridge G. Leach, D.D.S., University Lecturer on Pathology and Therapeutics. Ira A. Salmon, D.D.S., University Lecturer on Operative Dentistry. Nathaniel W. Hawes, Demonstrator of Operative Dentistry. Samuel F. Ham, Demonstrator of Mechanical Dentistry. Charles B. Porter, M.D., Demonstrator of Practical Anatomy. N. C. Keep, M.D., D.D.S., Dean of the Faculty.

A NEEDLE 6½ INCHES LONG REMAINING IN THE HEART AND THORACIC CAVITY THIRTEEN MONTHS.—M. Tillaux recently reported to the Imperial Society of Surgery, the case of a man aged fifty-five years, affected with general paralysis of the insane, who, having made a previous unsuccessful attempt at suicide, had forced a three-sided needle, 6½ inches long and about one-twelfth of an inch in diameter, into the wall of the thorax. When seen the next morning there was a very small puncture about one-fourth inch below the left nipple, and just outside and

above this the skin was forcibly raised at each contraction of the heart, and the impulse of a rounded foreign body was plainly perceptible by the finger. There was emphysema and ecchymosis at the same point. The patient being then in his right mind said that he had forced in the needle the night before, pushing it with his tobacco box, and had felt no pain after the resistance of the skin was overcome. Now his face was pale and anxious, his thighs were flexed on the pelvis, and his body bent forward so as to relax the thoracic and abdominal muscles; his respiration was difficult, and he complained of vague pain in the chest. Over the chest, and especially the emphysematous portion, any pressure caused complaint, rather denoting anxiety than sharp pain. The respiration was feeble on the left side, on account of the pain of movement. The sounds of the heart were regular and normal, and with the first sound the foreign body was pushed directly forward and outward. No effusion was discovered in the pericardium; except the emphysema there was no appearance of injury of any important organ. M. Tillaux, through fear of exciting hæmorrhage, and in the absence of immediate danger, waited till the next day.

Meanwhile the patient had had several attacks of severe pain with threatened syncope, and demanded immediate extraction of the foreign body. This had however worked its way farther into the tissues, and could scarcely be felt by the finger, and as at the first incision of the skin the patient had an attack of syncope, the attempt at extraction was abandoned.

Four days later all impulse of the foreign body had disappeared; there was some fever, pneumonic sputa, bronchial rales, but no dulness; the sphygmograph showed a regular, but feeble and depressed pulse; respiration was very irregular.

A month later, palpitation and great irregularity of the heart's impulse. This general state of things continued with occasional slight hæmoptysis, though he gained strength and was able to walk about, till eleven months after the injury, at which time there was a cardiac souffle with the first sound, loudest at the base. All localized pain had disappeared, though there were vague and erratic pains in the back and sides. During the next two months the pains increased, the cough and hæmoptysis became more frequent, and finally death ensued from syncope.

At the autopsy the needle was found traversing the whole length of the posterior

wall of the left ventricle, but not entering its cavity, passing between the spinal column and the œsophagus and through the lower lobe of the right lung. The tissue of the heart showed no trace of inflammation, but in the lung the needle was surrounded by a membrane which separated it from the hepatized lung tissue.—*L'Union Médicale*.

CONSERVATIVE SURGERY.—M. Spillman, Prof. agrégé at the Hôpital Val-de-Grace, sums up the results of the statistics of the wars in the Crimea and in the United States (*Archives Générales*) as follows:—

I do not conceal from myself the many imperfections which the long article I have just offered presents; fully detailed observations would have been necessary in order to reach entirely satisfactory conclusions. Still, I believe that the statistics which I have offered have a great importance, for they plead better than all theories the cause of conservatism, that is, of true surgical progress. They show us, in fact, that far from being the general rule, amputation should be performed only as an exceptional measure in severe wounds of the foot, the leg, the hand, the forearm and upper arm; the thigh itself escapes the absolute law of amputation laid down by the older surgeons.

As for the lesions of the articulations, facts have also proved to us that fractures of the knee, of the tibio-tarsal articulation and of the shoulder alone, in general at least, demand operation; but the cause of conservatism does not there lose all its rights, since we have just shown that resection should be substituted for amputation in fractures of the head of the humerus, since we have approved up to a certain point resections of the tibio-tarsal articulation. We have proscribed, it is true, tibio-femoral resection in army practice, but this operation will find useful application in slighter wounds than those caused by our heavy projectiles.

In reading this article, the reader must have been struck by the frightful mortality which has succeeded operations in the French Army; I have thought it not useless to compare it, in a short *résumé*, with that of the other armies.*

Partial Amputations of the Foot.—American Army, deaths per cent., 9.24. French, 64.00.

Tibio-tarsal Disarticulation.—American Army, 13.43. French, 76.80.

* I mention here that the figures of the English Army comprise only the cases after the first of April, 1855, and the cases observed among officers during the whole war.

Amputation of the Leg.—American Army, 26.02. English, 35.84. French, 71.82.

Amputation of the Thigh.—American Army, 64.43. English, 65.20. French, 91.90.

Disarticulation of the Thigh.—American Army, 85.71. English, 100.00. French, 100.00.

Disarticulation of the Wrist.—American Army, 5.55. French, 39.70.

Amputation of the Forearm.—American Army, 16.52. English, 4.75. French, 45.35.

Amputation of the Arm.—American Army, 21.24. English, 25.68. French, 55.57.

Disarticulation of the Shoulder.—American Army, 39.24. English, 33.33. French, 61.71.

NEW TREATMENT OF ACUTE RHEUMATISM.—

At St. Mary's we have noted of late several patients recovering from acute rheumatism, and learned something of the plan which has been adopted by Dr. Sibson during the last year, in all cases without exception. It may be described as embracing three points—1st. Removal of pressure and tension of joints. 2d. An even and warm temperature. 3d. Removal or relief of pain. To accomplish the first of these ends, the patient lies in bed, and his joints are muffled in cotton wool and flannel, a cradle being placed where the weight of the bed-clothes is painful. For the second, the patient wears a flannel dressing-gown, and the blankets touch the skin of the lower extremities, sheets being placed only over the upper part of the bed. For the third, the linimentum belladonnæ of the Ph. B. is applied to painful joints, and covered over with wadding. Occasionally, where the pain is very excessive, from an eighth to a quarter of a grain of morphia is injected subcutaneously. For the rest, he has now and then found it useful to apply a leech or two to a swollen joint or to the cardiac region. In cases where there appears to be a gouty complication, Dr. Sibson employs a little iodide of potassium; but apart from this he does not give any potash to his patients. He tells us, in answer to an inquiry, that he finds the urine rarely containing acid after the first few days of treatment. As regards food, his experience and practice are not a little interesting. The patient is allowed from the first, roast meat, rice pudding, and porter. We ascertained, moreover, from inquiry of the nurses, that this diet was not only ordered by the Doctor, but was consumed by the patient with very rare exceptions. Some patients to whom we spoke confirmed

this statement; and added, also, strong testimony to the immense relief derived from the application of belladonna in the way described. The nurses said that the patients generally slept well at night.—*Lancet*.

NERVES OF THE NEURILEMMA.—At a recent meeting of the Academy of Sciences, Paris, Prof. Robin presented an important communication from M. Sappey. M. Sappey's memoir bears on the discovery of certain nervous filaments which have the same relation towards the nerves as have the vasa vasorum towards the vessels. But, through the novelty and great interest of this paper, we believe it well worth while to translate a few of its principal passages.

"The neurilemma receives nervous filaments, which are in the same relation towards the nerves as the vasa vasorum towards the vessels; I therefore propose that they should be designated by the name of *nervi nervorum*. Their existence in the fibrous sheath of nerves had not yet been signalized; yet it is undeniable and may be easily demonstrated.

The disposition which the *nervi nervorum* effect in the neurilemma differs in but a slight degree from the one presented by the nervous ramifications in the other dependencies of the fibrous system. Like these, they generally attend the arteries; in like manner they exchange, during their course, numerous divisions, by which anastomoses are effected, so that on different points of their situation a small plexus may be observed, showing irregular and unequal meshes.

It is not only on the principal or common sheath that they are met with, but likewise on those which involve the principal fasciculi and the tertiary fasciculi. I have been able to trace them even on the sheath of secondary fasciculi. But in proportion as the size of the sheath diminishes, they become far more minute, and are much seldomer met with. They are never seen to extend to the involving membrane of primitive fasciculi.

The absence of the *nervi nervorum* on the sheath of primitive fasciculi explains why they are not met with on all nervous divisions the diameter of which does not exceed one millimetre.

The lining or profound membrane of the optic nerve, which fulfils the office of a neurilemma, does not receive any nervous filament. The exterior membrane, on the contrary, receives a great number of filaments, which take their origin in the ciliary nerves.

The outward sheath of the optic nerves, so rich in *nervi nervorum*, is remarkable also for the abundance of elastic fibres which enter into its composition. The ancients were therefore thoroughly mistaken in considering it as a sort of link between the dura mater and the sclerotica, or, in other words, as prolonging the one and being prolonged by the other. It differs widely from the two structures—first, by its elastic fibres, which are wanting in both; and, secondly, by its *nervi nervorum*, which are extremely rare in the dura mater of the brain, and of which there exists no vestige in the sclerotic. Consequently, anatomical analysis, far from confirming the analogy which had been pointed out by so great a number of anatomists, attests, on the contrary, that it differs by its own proper characteristics from the other two membranes, with which it is continuous."—*Paris Correspondence of the London Lancet*.

LIQUOR CHLORI IN CHOLERA.—Dr. J. ALTTHAUS writes to the *Medical Times and Gazette* :—

"Sir,—As cholera has again made its appearance in London, I beg you will allow me to inform the profession, through your valuable journal, that during the last epidemic in Germany the liquor chlori has been given with apparently highly satisfactory results. The dose is from ten to thirty minims, and in very bad cases even a drachm, given repeatedly at short intervals, if necessary. It is stated that the first dose almost invariably checks the vomiting and the distressing sensations of pain and thirst. The remedy is given either alone or in distilled water. Gargling with diluted liquor chlori is recommended as a prophylactic for medical men attending cholera cases. The remedy appears *prima facie* to be a rational one, and as we know that all other remedies which have been used are ineffectual, it seems desirable that a fair trial should be given to the liquor chlori."

DEATH OF M. POUILLET.—This distinguished physicist has just died at the advanced age of 78, active, however, to the last, having drawn up a report on lightning conductors, a subject which he devoted much attention to, only last year. His career had, for a man of science, been rather a troubled one. He held the post of Director of the Conservatoire des Arts et Métiers, and Professor of Physics at the Sorbonne, under Louis Philippe, and was a member of the Chamber of Deputies. During the Presi-

dency of Louis Napoleon, a popular tumult arose on the occasion of the expedition to Rome, and Ledru Rollin, at the head of an armed mob, seized the Conservatoire as a stronghold, and held it for a time until repulsed by the National Guard. The Director was displaced on the ground that he had not prevented the invasion of the establishment, he declaring he had enough to do to preserve valuable collections which were under his charge. After the *coup d'état*, refusing the oath, he was deprived of his professorship. His treatise on "Physics" and "Meteorology" is known everywhere.—*Med. Times and Gazette*.

A DELICATE DISCUSSION.—In a report on an adjourned discussion at the Dialectical Society, on a paper on Prostitution by Dr. Drysdale, we observe that one of the speakers—Miss Firth, of the British Lying-in Hospital—expressed her opinion that the contagious diseases act ought to be much extended in its operations. Mr. Acton observed that this had been a very pleasant discussion, and that he had been especially pleased in hearing a lady's views on the question, which was quite a novelty. Wishing, we suppose, to profit by the presence of those of her sex at the meeting, and point out a new sphere of "woman's mission," he added: "and he would just say that if prostitutes could be persuaded by members of their own sex to keep themselves more cleanly, and to see that they were not infected, by carefully examining the other sex, their condition might be much ameliorated. When in Paris some time ago, he had attended the Dispensary where prostitutes were examined, and one of these women mentioned that she carefully examined her customers and sent off at once all she found diseased."—*Ibid*.

STOPPAGE OF THE CAROTID CIRCULATION DURING EFFORTS.—Dr. Felix Guyon has written a very interesting paper on the stoppage of the carotid artery during prolonged efforts. It rests upon the fact, that during violent, prolonged, and silent or mute efforts, the pulsation of the temporal artery is no more felt, whilst the radial pulse, though weaker, is still perceptible.

This is owing to the compression of the common carotid artery by the lobes of the thyroid body, by the following mechanism. One of the first results of the effort is to render immovable the hyolaryngeal apparatus, and therefore the thyroid body, in front of the vertebral column; also the contrac-

tion of the muscles, and particularly those of the trunk and neck. The aponeurosis of the neck necessarily participates in the tension of the muscles. It results from these dispositions that when, under the influence of an effort, the thyroid body swells by the afflux of the venous blood, it cannot expand freely, except posteriorly, that is, when the gland is in contact with the carotid. The vessel is then compressed upon the vertebral column, and the circulation stopped.

The reason of this disposition of nature, is to prevent the afflux of arterial blood to the brain at a moment when the venous blood is stagnant under the influence of the effort. It is a compensating action.

Dr. Matiolet, in his Memoir of the Vascular System of the Hippopotamus, shows a disposition special to that animal, and consisting in this: that the stylo-hyoid and gastric muscles, instead of leaving a free passage to the external carotid, are in immediate contact with it, and when they contract, compress the vessel and stop the blood that goes to the head. The purpose seems to be, undoubtedly, to prevent cephalic congestions during the long suspension of respiration when the animal is under water.—*Archives de Physiologie, Normale et Pathologique*.

INGUINAL HERNIA STRANGULATED BY AN ARTERY.—Dr. John Cleland reports, in the *British Medical Journal*, a case of strangulated inguinal hernia, in which the cause of constriction was found to be an artery, probably "an obturator artery, arising from the epigastric and arching upwards in its course, or by a common trunk of unusual length, from which the obturator and epigastric arteries were given off nearer the middle line." The vessel was first ligated in two places and then cut between the points of ligation; the strangulation was at once relieved and the patient ultimately recovered.—*New Orleans Med. Journal*.

MR. J. W. HULKE, of Middlesex Hospital, has been selected to fill the new appointment of Lecturer on Anatomy and Physiology to the College of Surgeons.

TO SUBSCRIBERS.—Vol. I. of the New Series of the JOURNAL was completed last week, except the Title-page and Index, which are now in process of preparation and will be ready to send to subscribers with next week's issue.

Selections and Medical Items.

PROFESSOR MATTEUCI.—The Italian journals are deeply deploring the loss of this eminent philosopher, who also held the post of Minister of Public Instruction. Although he has done much to effect much needed reforms in the Italian educational system, he does not seem to have shone as an administrator. As a man of science his fame is European, especially in all that relates to electrobiology. In 1844, he received the Copley Medal of our Royal Society and the prize of the French Academy, and he has supplied an almost endless series of communications since that period. He was, at the time of his death, one of the correspondents of the French Academy, and a candidate for the vacant post of Foreign Associate. His works on electricity and physics have enjoyed a very large circulation.—*Med. Times and Gazette.*

EFFECTS OF LIGHTNING.—M. Becquerel related to the Academy the fact that during the violent storm of June 21, a workman who was at some distance from the point struck by the lightning underwent a violent shock, from the effects of which he did not recover for two days. All the nails were torn out from the sole of one of his boots, which M. Becquerel exhibited as a proof of the occurrence. Several academicians cited similar facts, and, among others, M. E. de Beaumont an instance of where the nails were torn out from the butt-ends of muskets. M. Morin also alluded to a pile of balls placed near a powder depot that was overturned two successive days during two storms, which destroyed the lightning conductor. Marshal Vaillant also mentioned the case of a man struck by lightning, one of whose shoes, picked up at a great distance, was found to have had all its nails drawn.—*Ibid.*

ENCOURAGERS OF QUACKERY.—Among the people of fashion in London quackery is cultivated. Can one wonder at lying advertisements, when it is known that Garrick, Lord Lonsdale, and the Bishop of London were for a while the patients of Myersbach? These were men of sense; but what is the intellectual state of our nobility? Perpetually enslaved by the novelty of fashion, however oute, they acquire a constitutional propensity to imitation in everything, and leave their physician as they quit an old coat.—*Lettsom's Letters.*

THE NEW HOTEL DIEU OF PARIS.—The construction of this hospital is carried on with such activity that the first floor is almost completed, and an idea may be formed of the extent of the building when it is mentioned that it covers 22,000 square yards, the hospital consisting of three separate blocks. The original Hotel Dieu dates as far back as the seventh century.

PETROLEUM AS AN INSECTICIDE.—Petroleum oil possesses the highest efficacy as a destroyer of all kinds of insects injurious to plants or animals, and the less purified, and consequently the cheaper it is, the better. Thirty parts should be mixed with 1000 of water, and applied where required. So, also, vermin of houses may be destroyed by introducing into the holes or cracks a few drops of petroleum.—*Union Médicale.*

AN AGED PRIMIPARA.—In response to the inquiry made through the London *Lancet* with respect to child-bearing in advanced life, Dr. Cachot, of St. Mary's Hospital, informs us that he delivered, in that institution, a female of her first child, at the age of 53 years, and again in sixteen months. The labor in both confinements was tedious, from inertia of the uterus, and required the forceps. The mammary glands enlarged but produced no milk. The children lived in both cases.

ARTIFICIAL RESPIRATION.—The plan now growing into general use as the most efficacious, is that of Sylvester. The arms are raised quickly over the head, by which the chest is dilated. They are then to be returned to their position at the sides of the body, whilst at the same time vigorous compression is applied to the abdomen and lower part of the chest.—*Pacific Med. and Surg. Jour.*

SPIRITUALISM.—Prof. Pepper has been doing, this last winter, a great work, in lectures before the London Institute. Besides explaining the latest discoveries in electro-magnetism, light, etc., he discoursed on spiritual manifestations, pointing out the extensive impostures that have been practised on the public in the name of mesmerism and spiritualism. He illustrates his lectures with startling illusions, such as the floating in the air of hats, tables, and even stout ladies. Does not only everything that ever spiritualists have pretended to do, but a great deal more; with this difference, however, that he explains how it is done by well known natural and material means, whereas spiritualists pretend that they do it by unknown, supernatural and spiritual powers.—*Med. and Surg. Reporter.*

MEDICAL DIARY OF THE WEEK.

MONDAY, 9 A.M., Massachusetts General Hospital, Medical Clinic; 10 A.M., Medical Lecture. 9 A.M., City Hospital, Ophthalmic Clinic.

TUESDAY, 9 A.M., City Hospital, Medical Clinic; 10 A.M., Medical Lecture. 9 to 11 A.M., Boston Dispensary. 10-11 A.M., Massachusetts Eye and Ear Infirmary.

WEDNESDAY, 10 A.M., Massachusetts General Hospital Surgical Visit. 11 A.M., OPERATIONS.

THURSDAY, 11 A.M., Massachusetts General Hospital Clinical Surgical Lecture.

FRIDAY, 9 A.M., City Hospital, Ophthalmic Clinic; 10 A.M., Surgical Visit; 11 A.M., OPERATIONS. 9 to 11 A.M., Boston Dispensary.

SATURDAY, 10 A.M., Massachusetts General Hospital Surgical Visit; 11 A.M., OPERATIONS.

DEATHS IN BOSTON for the week ending Saturday noon, August 1st. 158. Males, 80—Females, 78.—Accident, 4—apoplexy, 1—inflammation of the bowels, 2—congestion of the brain, 1—disease of the brain, 2—bronchitis, 1—cancer, 1—cholera infantum, 58—choera, 1—consumption, 14—convulsions, 4—croup, 3—debility, 3—diarrhoea, 9—diphtheria, 1—dropsy, 1—dropsy of the brain, 4—dysentery, 6—scarlet fever, 2—typhoid fever, 2—disease of the heart, 2—infantile disease, 5—disease of the kidneys, 2—congestion of the lungs, 2—inflammation of the lungs, 4—marasmus, 2—measles, 1—old age, 1—peritonitis, 1—puerperal disease, 2—scrofula, 1—teething, 2—tetanus, 2—tumor, 2—unknown, 9.

Under 5 years of age, 108—between 5 and 20 years, 10—between 20 and 40 years, 18—between 40 and 60 years, 17—above 60 years, 5. Born in the United States, 134—Ireland, 17—other places, 7.